



**Applicant Information**

**Eligibility (Proof required at time of installation):**

- **Must be Platte County resident (some form of verification must be shown: current utility bill, ID, lease agreement)**
- **If prenatal, must be at least 30 weeks gestation**
- **Parents must meet financial guidelines in order to be eligible for free car seat**

Mother's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First Middle Last*

Father's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street City State Zip Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Baby's Due Date: \_\_\_\_\_

Child's DOB (if born): \_\_\_\_\_

**Income Verification**

Gross Annual Household Income (before taxes): \_\_\_\_\_

\*\*Does the family meet US Poverty Guidelines (see back of application): **Y** **N**

Medicaid Benefits: **Y** **N**

Does family receive public assistance? (circle all that apply) SSI Food Stamps WIC TANF Subsidized Housing

**Household Information**

Number of persons in household: \_\_\_\_\_ Adults: \_\_\_\_\_ Children: \_\_\_\_\_

What attempts were made to obtain a car seat? \_\_\_\_\_

Is this car seat a replacement for an old or used car seat? **Y** **N**

**By signing below I verify that I meet the Platte County Buckle Up Kids above eligibility requirements. I authorize the referring agency to share this information with PCHD/Platte County Buckle Up Kids, who will forward this information to the appropriate agencies in order to complete the car seat program. I understand this application does not guarantee a car seat.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of rep from agency assisting in referral: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

**Information of children receiving car seat:**

1. Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_ M F Height: \_\_\_\_\_ Weight: \_\_\_\_\_

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**Car Seat needed (check all that apply):**

Infant rear facing (5-22lbs)  Convertible (RF 5-40lbs FF 2-40lbs)  High Back Booster (22-80lbs)